

Welcome to Iowa Medicaid

Inside this booklet, you will find information about the Iowa Medicaid Managed Health Care (MHC) Program. **You still have full Medicaid coverage!** Managed Health Care only changes how you get your medical care. Please take a few minutes to review the information in this booklet and if you have any questions, contact the Member Services Call Center.

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Toll Free: 1-800-338-8366

In the Des Moines area: 515-256-4606

Fax: 515-725-1351

Email: IMEMemberServices@dhs.state.ia.us

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For questions about Iowa Medicaid Benefits and Services, please ask for a copy of the Your Guide to Medicaid booklet.

Special Notice Relating to FEDERALLY QUALIFIED HEALTH CENTERS

Some Medicaid providers are **F**ederally **Q**ualified **H**ealth **C**enter (FQHC). These providers are clinics that offer a wide variety of services at a single location. Some additional services could include the following: better understanding of ethnic culture and customs relating to health care, foreign language translation, transportation to clinic/home, health and wellness education and training, dental, or pharmacy services. If you want to have access to an FQHC, make sure to choose a managed care option that has an FQHC listed as one of their providers available to you. Some of the FQHCs available include the following:

Community Health Care
Davenport, Iowa
563-336-3000

Siouxland Community Health Center
Sioux City, Iowa
712-252-2477

Primary Health Care Inc.
3905 E. 29th
Des Moines, Iowa
515-248-1600

Community Health Centers of Southeastern Iowa
Warsaw, Illinois
217-256-3013

Broadlawns Medical Center
Des Moines, Iowa
515-362-4028

Community Health Centers of Southeastern Iowa
Keokuk, Iowa
319-524-5734

Peoples Community Health Clinic
Waterloo, Iowa
319-272-4300

Primary Health Care Inc.
2353 SE 14th
Des Moines, Iowa
515-248-1400

Community Health Centers of Southeastern Iowa
Hamilton, Illinois
217-847-2112

Primary Health Services
Marshalltown, Iowa
641-753-4021

Community Mental Health of Mid-Eastern Iowa Center
Wapello, Iowa
319-523-8188

Council Bluffs Community Health Center
Council Bluffs, Iowa
712-325-1990

River Hills Community Health
Ottumwa, Iowa
641-685-5773

Community Health Centers of Southeastern Iowa
Burlington, Iowa
319-768-5858

Note: Some FQHCs have multiple locations. Call the number listed for the FQHC above for more information.

Iowa Medicaid Card

All members receive a new *Medical Assistance Eligibility Card*, form 470-1911.

- ◆ **Keep** your card until you get a new one.
- ◆ **Always** carry your card with you and don't let anyone else use it.
- ◆ **Show** your card to the provider every time you get care.
- ◆ If you **lose** your card, **call** Member Services to ask for a new one.
- ◆ If you go off of Iowa Medicaid and come back on, a new card will not be issued.
Please contact Member Services to request a new card.



Interpreter Services

Iowa Medicaid can arrange for an interpreter to help you speak with us in almost any language. Please call Member Services for help at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606



Smoking Cessation

Medicaid members can get help with quitting the use of tobacco products and smoking. The program is free of charge to all Medicaid members who are age 18 and over. The program provides telephonic support through Quitline Iowa and pharmacy services for payment for nicotine replacement therapy such as patches and gum. In addition, some other drugs may be covered such as Chantix, when properly prescribed by your medical provider.

Members can get help for smoking cessation:

- Call the toll free tobacco cessation helpline at : 1-800-784-8669 (8AM to midnight)
- TDD Line for the hearing impaired at: 1-866-822-2857
- Your medical provider can assist with a prior authorization for medications for nicotine dependence.

Routine Transportation Services

For Emergencies only, please call 911 for an ambulance.

Non-Emergency Medical Transportation (NEMT):

NEMT provides members with transportation or reimbursement (money paid back) for travel to medical, dental, pharmacy and mental health appointments or services.

TMS is the agency that provides help with transportation.

Medicaid members of all ages who need a ride or want reimbursement for medical travel expenses through NEMT must:

- ◆ Call **1-866-572-7662** at least three (3) business days *before* the medical trip or appointment.
- ◆ Give your full name, state ID number, address, phone number and trip dates.
- ◆ Give the name, address, phone and fax number of the medical provider.



Other Transportation Services

In addition to NEMT above, local transportation may also be available for children under the age of 21 and pregnant women for travel to medical or dental care at local programs.

- ◆ Ask your local Care for Kids or maternal health care coordinators to arrange transportation for you.
- ◆ For contact information, call the Healthy Families Line at **1-800-369-2229**

Managed Health Care (MHC)

Managed Health Care (MHC) is a program designed to help you stay healthy. MHC helps you to build a strong relationship with your provider. Your provider will get to know you, your medical history and help you to stay healthy by knowing what care is best for you.

Enrollment in MHC does not reduce your benefits. MHC only changes how you get your health care. You will enroll with a provider under the **MediPASS (Medicaid Patient Access to Service System)** program. MediPASS allows you to choose your primary health care provider who will provide you treatment or who may refer you to any provider enrolled with Iowa Medicaid for specialty care.

Another option, in some counties, is a **Health Maintenance Organization (HMO)**. If an HMO option is available in your county, you may choose this option and receive most of your medical care from the HMO providers. You may contact the HMO directly for more information.

With Managed Health Care (MHC), you can choose your own primary care physician (PCP)! You can have one PCP for your whole family, or you can choose different PCPs for each family member.

Call Member Services or your HMO for a list of approved PCPs!

Signing Up for Managed Health Care



Contact the Iowa Medicaid Member Services call center. If you are choosing the MediPASS option please select a primary care physician (PCP) from the list included with your Managed Health Care (MHC) enrollment packet. You may enroll in the following ways:

- ◆ Complete the yellow enrollment form included with your MHC enrollment packet and return it by mail at no cost to you.
- ◆ Call the Member Services call center, Monday through Friday from 8:00am – 5:00pm. Toll free: 1-800-338-8366 or in the Des Moines area at 515-256-4606.
- ◆ E-Mail Member Services at IMEMemberServices@dhs.state.ia.us
- ◆ Fax your enrollment form to 515-725-1351

Important Notes:

- ◆ If you are pregnant you must notify the Department of Human Services (DHS) once the baby has been born. You may reach DHS by calling 1-877-347-5678.
- ◆ When the baby has been enrolled with Iowa Medicaid you will get a MHC packet in the mail. At that time you may choose MediPASS or HMO for your newborn baby.
- ◆ If you are pregnant and enrolled with an HMO, your baby will also be enrolled in the same HMO at the time of birth.

Can I Change Providers Later?

Managed Health Care (MHC) wants you to have a provider that you are comfortable with and can help you meet your medical needs. The program requires that you have an MHC provider. You will need to select a MediPASS provider or HMO when you are first enrolled in MHC. If you wish to change your initial selection, you will have ninety days to make that change. After the ninety-day period, you must remain with that MHC provider for six months.

Changes cannot be made during the six-month period with the exception of the following:

- ◆ A request for disenrollment by the member for **good cause**.
- ◆ A request for disenrollment by the provider for **good cause**.
- ◆ Availability of a new, previously unavailable MHC provider (In this instance, members will be allowed to select that provider for the remainder of the current enrollment period.)

You will receive a notice in the mail approximately sixty days before the end of your six-month enrollment period notifying you that can change your doctor if you choose.

Member Requested Disenrollment for “Good Cause”

During the six month closed enrollment period members cannot change their Managed Health Care (MHC) provider without good cause. Because we want you to be happy with your provider you may contact Iowa Medicaid Member Services to explain why you need to change your primary care physician (PCP) during your closed enrollment period. Some examples of good cause reasons include: trouble accessing care, breakdown in doctor/patient relationship, or transportation expenses are too high.

What Happens if I Move?

If you move, please contact the Department of Human Services call center at 1-877-347-5678. If you move to another county, you may get a new Enrollment Packet in the mail instructing you to choose a Managed Health Care provider in your new area. Please contact Member Services to choose a new provider.

If you move in the middle of a month, contact the provider you are currently enrolled with to ask for a referral to a provider in your new area.



Services Covered by MediPASS & How to Access Care

If you chose the MediPASS option you select a **primary care provider (PCP)**. You will have full Iowa Medicaid benefits. Some services may need a referral from your PCP. You must see your PCP or have a referral for the services listed below:

- ◆ Inpatient Hospital Services
- ◆ Outpatient Hospital Services
- ◆ Podiatry Services
- ◆ Home Health Services
- ◆ Clinic Services (Rural Health Centers, Federally Qualified Health Centers, Maternal Health Clinics, Ambulatory Surgical Centers, Genetic Consultation, and Birthing Centers)
- ◆ Lab and X-Ray Services
- ◆ Medical Supplies
- ◆ Physician Services (except Ophthalmologists)
- ◆ Other Practitioners such as physical therapists, audiologists, rehabilitation agencies, and nurse anesthetists (except for mental health providers)

You may receive the following services **without** contacting your provider:

- ◆ Home and Community Based Services (HCBS Waiver)
- ◆ Area Education Agency Services
- ◆ Skilled Care
- ◆ Intermediate Care Facility (ICF)
- ◆ ICF for the Mentally Retarded (ICF/MR)
- ◆ Dental Services
- ◆ Prescription Drugs
- ◆ Chiropractic Services
- ◆ Ambulance Services
- ◆ Family Planning Services
- ◆ Early Periodic Screening, Diagnosis & Treatment (EPSDT) for individuals under age 21
- ◆ Optometric Services
- ◆ Ophthalmology Services
- ◆ Rehabilitative Services/CACT
- ◆ Lead Investigation



Services Covered by HMO & How to Access Care

Members who chose the HMO option will contact the call center associated with the HMO for more detailed information. Services provided by the HMO are:

- ◆ Inpatient Hospital Services
- ◆ Outpatient Hospital Services
- ◆ Home Health Services
- ◆ Clinic Services
- ◆ Family Planning Services
- ◆ Early Periodic Screening, Diagnosis & Treatment (EPSDT) for individuals under the age of 21
- ◆ Prenatal Care Enhanced Services
- ◆ Laboratory & X-ray Services
- ◆ Ambulance Services
- ◆ Optometric Services
- ◆ Ophthalmology Services
- ◆ Podiatry Services
- ◆ Hospice Services
- ◆ Chiropractic Services
- ◆ Other Practitioner Services (e.g., speech therapy, audiology, physical therapy, and occupational therapy)



You may receive the following services **without** contacting your provider or HMO:

- ◆ Home and Community Based Services (HCBS Waiver)
- ◆ Area Education Agency Services
- ◆ Skilled Care
- ◆ Intermediate Care Facility (ICF)
- ◆ ICF for the Mentally Retarded (ICF/MR)
- ◆ Dental Services
- ◆ Prescription Drugs
- ◆ Family Planning Services
- ◆ Early Periodic Screening, Diagnosis & Treatment (EPSDT) for individuals under age 21
- ◆ Rehabilitative Services/CACT
- ◆ Lead Investigation

If you enroll with an HMO option, you will be given a 24 hour phone number. You may contact the HMO to find out what providers you can see for your medical care described above. For non-emergency care, you should always contact the 24-hour phone number for the HMO.

Important MHC Notes

- ◆ For **Mental Health or Substance Abuse Services**, you should call **1-800-317-3738** whether or not you are enrolled in MediPASS or the HMO program.
- ◆ Your HMO listed is responsible for helping you with your health care. If you feel you are not getting the care that you need, call the Member Services Call Center.
- ◆ If you do **not** show your medical card to the provider or hospital and do **not** have a referral from the MHC provider for non-emergency care, you may have to pay the bill yourself.
- ◆ Iowa Medicaid only pays for services given by providers who are **enrolled** with the Iowa Medicaid program. For MediPASS, payment will not be made to any provider who is not enrolled with Iowa Medicaid even if your PCP has given you a referral. For members who have chosen the HMO, you must see providers who are contracted with your HMO.

Emergency (ER) and Urgent Care

Emergent Care

An emergency is considered any condition that could endanger your life or cause permanent disability if not treated immediately.

If you have a serious or disabling emergency, you do not need to call your MediPASS patient manager or your HMO. Go directly to the nearest hospital emergency room or call an ambulance. The following are examples of emergencies:



- ◆ ***A serious accident***
- ◆ ***Poisoning***
- ◆ ***Heart Attack***
- ◆ ***Stroke***
- ◆ ***Severe bleeding***
- ◆ ***Severe burns***
- ◆ ***Severe shortness of breath***

You must contact your MHC provider for all follow-up care. Do not return to the emergency room for the follow-up care. Your provider will either provide or authorize this care.

Urgent Care

Urgent care is when you are not in a life-threatening or a permanent disability situation and have time to call your managed health care provider.

If you have an urgent care situation, you should call your MHC provider or HMO to get instructions. The following are some examples of urgent care:

- ◆ ***Fever***
- ◆ ***Stomach pain***
- ◆ ***Earaches***
- ◆ ***Upper Respiratory Infection***
- ◆ ***Sore Throat***
- ◆ ***Minor cuts and lacerations***

Iowa Plan for Behavioral Health

Most Medicaid members under age 65 are enrolled in the Iowa Plan for Behavioral Health (Iowa Plan); a statewide managed care program for mental health services and substance abuse treatment. While you may never need mental health or substance abuse care, it is your right to know how to access these Medicaid benefits if you are enrolled with the Iowa Plan.

Information about the Iowa Plan for Behavioral Health is available to members by calling the Iowa Plan's toll-free number: 1-800-317-3738. If a member is enrolled with the Iowa Plan, they will receive a packet of information about the plan shortly after they become eligible for Medicaid. Most providers are enrolled with the Iowa Plan, if one is not they may sign up by also calling the toll free number.

Copayments

Some medical services may have a copayment, which is your share of the cost. If there is a copayment, you will pay it to the provider. Please see the following charts for more information about copayments:

Co-Payments for Prescriptions:

| Co-Pay Amount | Service |
|---------------|---|
| \$1.00 | Prescriptions for generic drugs and preferred brand-name drugs. Also for non-preferred drugs that cost the state less than \$25.00. |
| \$2.00 | Non-preferred drugs costing the state \$25.01 to \$50.00 |
| \$3.00 | Non-preferred drugs costing the state \$50.01 or more. |

Co-Payments for Healthcare visits:

| Co-Pay Amount | Service |
|-------------------------|---|
| \$1.00 Per Visit | Services from a podiatrist, chiropractor, and for physical therapy. |
| \$2.00 Per Visit | Ambulance Services, audiology services, hearing aid dealer services, medical equipment, optical services (frames and lenses), orthopedic shoes, prosthetic devices, psychology services, and rehabilitation services. |
| \$3.00 Per Visit | Dental services, hearing aides, physician office visits and lab services, vision exams. |

Important Notes

- ◆ You will be charged a \$3.00 copayment for visits to the emergency room that are not considered an emergency.
- ◆ Children under the age of 21 and pregnant women **will not be** charged a copayment for any services.

Enrollee Rights & Responsibilities

ENROLLEE RIGHTS

- ◆ To receive timely, appropriate, and accessible medical care
- ◆ To obtain a second opinion regarding a medical diagnosis with a referral from your MHC provider
- ◆ To choose the provider of your choice from the available Managed Health Care providers
- ◆ To change your Managed Care provider as allowed by program policy
- ◆ To appeal
- ◆ To be treated with respect and dignity
- ◆ To be treated without discrimination with regard to sex, age, race, national origin, creed, color, physical or mental disability, religion, or political belief
- ◆ To participate in decisions regarding your health care, including the right to refuse treatment

ENROLLEE RESPONSIBILITIES

- ◆ To be knowledgeable about your medical coverage
- ◆ To obtain routine and ongoing care from your primary care provider in an office setting
- ◆ To obtain referrals prior to receiving specialty and non-emergent care from providers other than your MHC provider
- ◆ To contact your MHC provider prior to emergency room visits with the exception of situations requiring emergency care. (Refer to page 4 for the definition of emergency situations)
- ◆ To carry your current medical assistance card at all times and present it when accessing medical care
- ◆ To notify your caseworker if you move or have incorrect information printed on your medical card
- ◆ To be responsible for any medical bills if you do not present your medical card at the time of your visit or if you do not have appropriate referrals/authorization from your MHC provider
- ◆ To be responsible for any medical bills for services provided by a practitioner who is not participating in the Iowa Medicaid program OR for HMO enrollees, seeing a provider not contracted with the HMO without the express permission of the HMO



Appeals and Grievances

Appeals: An Appeal is a formal process involving the Department of Human Services and the Department of Inspections and Appeals regarding unpaid medical bills.

Grievances: A Grievance is a complaint involving access to care, quality of care, or communication issues with your primary care physician.

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

You must file an appeal:

- Within 30 calendar days of the date of a decision **or**
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision **or**
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. The letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

**Policy Regarding Discrimination, Harassment,
Affirmative Action and Equal Employment Opportunity**

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, you can send a letter of complaint to:

Iowa Department of Human Services, Administrator, Diversity Program Unit, 1305 E. Walnut, Des Moines IA 50319-0114; phone (800) 972-2017; fax (515) 281-4243.

Right to Submit a Grievance

If you want to file a complaint involving access to care, quality of care, communication issues with your primary care provider, or unpaid medical bills and you are enrolled in an HMO, please contact the HMO and work through their grievance process. If you feel that the HMO is not acting on your complaint, you may contact the Member Services Call Center at 800-338-8366 toll free or 515-256-4606 in the Des Moines area.

If you want to file a complaint involving access to care, quality of care, communication issues with your primary care provider, or unpaid medical bills and you are enrolled in MediPASS, please contact the Member Services Call Center at 800-338-8366 toll free or 515-256-4606 in the Des Moines area.

Questions

If you have questions about Iowa Medicaid or MediPASS you may contact the Member Services call center. If you have questions about the HMO, you may contact the HMO 24 hour phone number.

Important Contact Information

Member Services Call Center

Toll Free: 1-800-338-8366

In the Des Moines area: 515-256-4606

Email: IMEMemberServices@dhs.state.ia.us

Hours of operation: Monday through Friday 8:00am to 5:00pm

Mental Health and Substance Abuse

Toll Free: 1-800-317-3738 (24 hours per day)

Meridian HMO

Toll Free: 1-877-204-9132 (24 hours per day)

Use this page to keep track of important phone numbers for all your health care needs. Keep this near your phone for use in contacting the right people to help you with your health care.

MediPASS

Primary Care Provider _____

Hospital _____

Member Services

Call Center 800-338-8366 toll free; 515-256-4606 Des Moines area

Emergency 911

Website: www.ime.state.ia.us Email: IMEMemberServices@dhs.state.ia.us